**Request for Applications (RFA) RFA No. RM0 DCOR060719**

1

RFA No. DBH

**Government of the District of Columbia Department of Behavioral Health (DBH)**

**RFA Title: DC Opioid Response (DCOR) Prevention Grant for Wards 3 and 4**

**ATTACHMENTS A, F, G, H, and I – WORD VERSION**

**Section XIII: ATTACHMENTS TO THE RFA**

Attachment A Applicant Profile

Attachment F Proposed Work Plan Attachment G Conceptual Framework

Attachment H Budget and Budget Narrative Justification Form Attachment I DBH Receipt

**ATTACHMENT A**

**Government of the District of Columbia Department of Behavioral Health (DBH)**

**RFA Title: DC Opioid Response (DCOR) Prevention Grant for**

**Wards 3 and 4**

**RFA # RM0 DCOR060719**

APPLICANT NAME:

TYPE OF ORGANIZATION:

**Applicant Profile**

Public Non-Profit Org. Private Non- Profit Org.

EIN/Federal Tax ID No.: DUNS No.:

Primary Contact Person/Title: Second Contact Person/Title: Street Address:

City, State ZIP:

Telephone: Fax: Email: Ward:

Organization Website:

Name of Authorized Representative (Official Signatory):

Title:

Email Address: Phone Number:

**RFA Abstract (Limit 200 words)**

Signature of Authorized Representative:

**ATTACHMENT F**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PROPOSED WORK PLAN** | |  |  | **RFA # RM0 DCOR060719** |
| District of Columbia Department of Behavioral Health (DBH) | | | | |
| **Applicant Name:** |  | **Contact Person:** |  | **Phone:** |
| **Email:** | | | | |
| **Organization:** |  | |  |  |
|  |  |  |  |  |

**Project Name:** DC Opioid Response (DCOR) Prevention Grant **BudgetAmount:** $50,000.00

**Proposed Ward to Serve:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| **Measureable Goals** | | | |
| **Goal #1:** | | | |
| Key activities needed to meet this goal: | Start Dates: | Completion  Dates: | Key Personnel (Title) |
|  |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Goal #2:** | | | |
| Key activities needed to meet this goal: | Start Dates: | Completion  Dates: | Key Personnel (Title) |
|  |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Goal #3:** | | | |
| Key activities needed to meet this goal: | Start Dates: | Completion  Dates: | Key Personnel (Title) |
|  |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Duplicate this page as needed for additional proposed goals. Ensure that heading information clearly identifies the applicant’s name, organization, and page number (e.g., page 2 of 4) of the proposed work plan.**

**ATTACHMENT G**

**CONCEPTUAL FRAMEWORK, *ORGANIZATION NAME***

Problem Root Causes Local Conditions

**Behavioral Intervention*:*** NAME OF



EVIDENCE-BASED INTERVENTION):

Opioid Misuse (Individual Level)

Data

Data

*Curriculum*

Opioid Misuse (Community Level)

Data

Data

**Environmental Strategy (Required)*:*** Youth Educational

Forum: *Description of strategy*



Data

Data

**Environmental Strategy (optional)*:*** NAME OF

ENVIRONMENTAL STRATEGY):

*Description of strategy*

**ATTACHMENT H**

**BUDGET JUSTIFICATION AND NARRATIVE**

1. **Personnel:** Provide employee(s) (including names for each identified position) of the applicant/recipient organization for those positions whose work is tied to the grant project.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position** | **Name** | **Annual**  **Salary/Rate** | **Level of**  **Effort** | **Cost** |
| 1. |  | $ | % | $ |
| 2. |  | $ | % | $ |
| 3 |  | $ | % | $ |
| 4. |  | $ | % | $ |
| 5. |  | $ | % | $ |
|  |  |  | **TOTAL** | **$** |
|  |  |  |  |  |

**Justification:** Describe the role and responsibilities of each position. 1.

2.

3.

4.

5.

1. **Fringe:** List all components of fringe benefits rate.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Component** | **Rate** |  | **Wage** | **Cost** |
| FICA | % | $ |  | $ |
| Workers Compensation | % | $ |  | $ |
| Insurance | % | $ |  | $ |
|  |  | **TOTAL** | | **$** |

**Justification:** Fringe reflects current rate for the agency.

1. **Consultant/Experts:** A contractual arrangement to carry out a portion of the programmatic effort or for the acquisition of routine goods or services under the grant. Such arrangements may be in a form of consortium agreements or contracts.

A consultant is an individual retained to provide professional advice or services for a fee. The applicant/grantee must establish written procurement policies and procedures that are consistently applied. All procurement transactions shall be conducted in a manner to provide to the maximum extent practical, open and free competition. Consultants may not be officers or employees of the grantee’s organization.

**Costs for contracts must be broken down in detail and a narrative justification provided. If applicable, numbers of clients should be included in the costs.**

Suggested: A contractual arrangement to carry out a portion of the programmatic effort or for the acquisition of routine goods or services under the grant. Contractual arrangements with consultants must include the work to be performed, title, rate of pay, hours, and the term(s) of the agreement. Both the consultant and subgrantee must sign the agreement.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Service** | **Rate** | **Other** | **Cost** |
| 1. |  |  |  | $ |
| 2. |  |  |  | $ |
| 3 |  |  |  | $ |
| 4. |  |  |  | $ |
| 5. |  |  |  | $ |
|  |  |  | **TOTAL** | **$** |

**Justification:** Explain the need for each contractual agreement and how they relate to the overall project.

1. **Occupancy:** Rent expenses (*not applicable for this grant*)

|  |  |  |
| --- | --- | --- |
| **Item** | **Rate** | **Cost** |
| 1. |  | $ |
| 2. |  | $ |
| 3. |  | $ |
|  | **TOTAL** | **$** |

**Justification:** Break down costs into cost/unit (e.g. cost/square foot, etc.) Explain the use of each requested item requested.

1. **Travel & Transportation:** Local travel expenses

|  |  |  |
| --- | --- | --- |
| **Item** | **Rate** | **Cost** |
| 1. |  | $ |
| 2. |  | $ |
| 3. |  | $ |
|  | **TOTAL** | **$** |

**Justification:** Break down travel costs into cost/unit (reimbursement rate per mile, Metro cards, etc.) Explain the use of each requested item requested.

1. **Supplies & Minor Equipment**: Materials costing less than $5,000 per unit and often having one-time use.

**Budget Request**

|  |  |  |
| --- | --- | --- |
| **Item(s)** | **Rate** | **Cost** |
| 1. |  | $ |
| 2. |  | $ |
| 3. |  | $ |
| 4. |  | $ |
|  | **TOTAL** | **$** |

**Justification:** Describe the need and include an adequate justification of each cost that was estimated.

1. **Client Costs:** Includes costs which benefit participants. Includes tangible items provided to participants in connection with grant objectives and measureable outcomes. (e.g., food costs, gift cards, giveaways, stipends.)

**Budget Request**

|  |  |  |
| --- | --- | --- |
| **Item(s)** | **Rate** | **Cost** |
| 1. |  | $ |
| 2. |  | $ |
| 3. |  | $ |
| 4. |  | $ |
|  | **TOTAL** | **$** |

**Justification:** Describe the need and include an adequate justification of each cost that was estimated.

1. **Communications:** Includes telephone, mobile phone, internet, data usage, postage, printing, and photocopying.

**Budget Request**

|  |  |  |
| --- | --- | --- |
| **Item(s)** | **Rate** | **Cost** |
| 1. |  | $ |
| 2. |  | $ |
| 3. |  | $ |
| 4. |  | $ |
|  | **TOTAL** | **$** |

**Justification:** Describe the need and include an adequate justification of each cost that was estimated.

1. **Other Direct Costs:** Expenses not covered in any of the previous budget categories

|  |  |  |
| --- | --- | --- |
| **Item** | **Rate** | **Cost** |
| 1. |  | $ |
| 2. |  | $ |
| 3. |  | $ |
|  | **TOTAL** | **$** |

**Justification:** Break down costs into cost/unit. Explain the use of each item requested.

1. **Indirect Cost Rate:** Indirect costs represent the expenses of doing business that are not readily identified with a particular grant, contract, project function or activity, but are necessary for the general operation of your organization and the conduct of activities it performs. Typical indirect costs include accounting and insurance. Indirect costs can only be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement. Effective with 45 CFR 75.414(f), any non-federal entity that has never received a negotiated indirect cost rate, may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely.

|  |  |  |  |
| --- | --- | --- | --- |
| **Percentage** | **Budget Category** | **Amount** | **Total** |
| **%** |  | **$** | **$** |

**Justification:** Explain the need for each of your indirect costs.

**Budget Summary**

|  |  |
| --- | --- |
| **CATEGORY** | **BUDGET REQUEST** |
| Personnel | **$** |
| Fringe | **$** |
| Consultant/Experts | **$** |
| Occupancy | **$** |
| Travel & Transportation | **$** |
| Supplies & Minor Equipment | **$** |
| Client Costs | **$** |
| Communications | **$** |
| Other Direct Costs | **$** |
| **SUBTOTAL DIRECT COSTS** | **$** |
| Indirect Costs | **$** |
| **TOTAL PROJECT COSTS** | **$** |

**ATTACHMENT I**

**DBH RECEIPT**

**RFA Title:**

**DC Opioid Response (DCOR) Prevention Grant for Wards 3 and 4**

**RFA # RM0 DCOR060719**

**ATTACH TWO (2) COPIES OF THIS RECEIPT TO THE OUTSIDE OF THE ENVELOPE**

The DC DEPARTMENT OF BEHAVIORAL HEALTH IS IN RECEIPT OF

(Contact Name/ Please Print Clearly)

(Organization Name)

(Address, City, State, Zip Code)

(Telephone/Email)

(Project Name)

$50,000.00

(Geographic Designation: Ward) (Budget Amount)

**DBH USE ONLY:**

Please Indicate Time: **AM ****PM**

Original and

copies

Received on this date:

/\_ /2019

Received By: